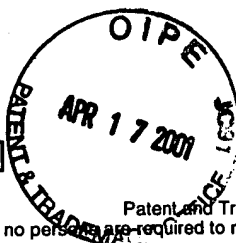


Please type a plus sign (+) inside this box → ☐



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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	T2180-906495
	First Named Inventor	Mark BENSON
	COMPLETE IF KNOWN	
	Application Number	09 / 645,928
	Filing Date	Aug. 25, 2000
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insurance Policy Renewal Method and System

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 08/25/2000 as United States Application Number or PCT International Application Number 09/645,928 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

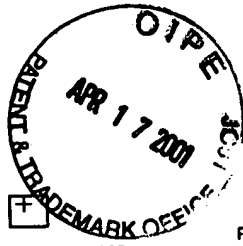
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/151,042	08/27/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Please type a plus sign (+) inside this box → ☐

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐ Customer Number OR ☒ Correspondence address below

Name	John C. Kerins		
Address	Miles & Stockbridge P.C.		
Address	1751 Pinnacle Drive, Suite 500		
City	McLean	State	VA
ZIP	22102-3833		
Country	U.S.	Telephone	703-903-9000
Fax	703-610-8686		

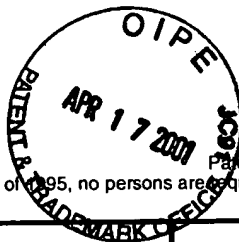
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark H.		BENSON	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
	N.I.	U.S.	U.S.
Post Office Address			
Post Office Address			
City	State	ZIP	Country
	N.I.		U.S.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John

GOLDWATER

Inventor's
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

State

ZIP

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dean

WATERS

Inventor's
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

State

ZIP

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

George

KOWALSKY

Inventor's
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

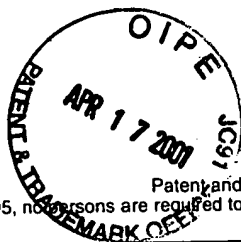
State

ZIP

Country

US

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DECLARATION

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Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Michael

HEALEY

Inventor's
Signature

Date

Residence: City

State

Country

U.S.

Citizenship

U.S.

Post Office Address

Post Office Address

City

State

ZIP

Country

U.S.

Name of Additional Joint Inventor, if any:

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Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

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Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

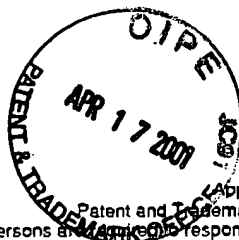
State

ZIP

Country

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	T2180-906495
	First Named Inventor	Mark BENSON
	COMPLETE IF KNOWN	
	Application Number	09 / 645,928
	Filing Date	Aug. 25, 2000
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

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the specification of which (Title of the Invention)

☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

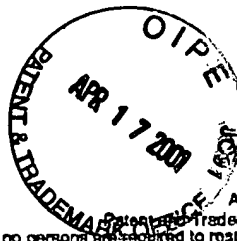
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Application Number(s)	Filing Date (MM/DD/YYYY)
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐

Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name	John C. Kerins		
Address	Miles & Stockbridge P.C.		
Address	1751 Pinnacle Drive, Suite 500		
City	McLean	State	VA
ZIP	22102-3833		
Country	U.S.	Telephone	703-903-9000
Fax	703-610-8686		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

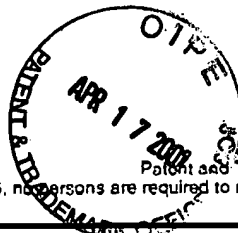
Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname		
Mark H.		BENSON		
Inventor's Signature	Date		4/15/00	
Residence: City	ROBBINSVILLE	State	N.J.	
Country	U.S.		Citizenship	U.S.
Post Office Address	30 PICKERING DR			
Post Office Address				
City	ROBBINSVILLE	State	N.J.	
ZIP	08691		Country	U.S.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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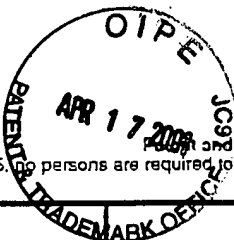
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				GOLDWATER			
Inventor's Signature	<i>John K. Goldwater</i>					Date	<i>12/3/00</i>
Residence: City	<i>MANASSAS</i>	State	<i>VA</i>	Country	<i>US</i>	Citizenship	<i>US</i>
Post Office Address <i>7011 TRAPPERS CT.</i>							
Post Office Address							
City	<i>MANASSAS</i>	State	<i>VA</i>	ZIP	<i>20111</i>	Country	<i>US</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dean				WATTERS			
Inventor's Signature	<i>[Signature]</i>					Date	<i>[Signature]</i>
Residence: City	<i>[Signature]</i>		State	<i>[Signature]</i>		Country	<i>US</i>
Post Office Address <i>[Signature]</i>							
Post Office Address							
City	<i>[Signature]</i>		State	<i>[Signature]</i>		Country	<i>US</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
George				KOWALSKY			
Inventor's Signature	<i>[Signature]</i>					Date	<i>9/22/00</i>
Residence: City	<i>Yardley</i>	State	<i>PA</i>	Country	<i>USA (US)</i>	Citizenship	<i>US</i>
Post Office Address <i>1475 Greenmountain Rd</i>							
Post Office Address <i>Yardley PA 19087</i>							
City	<i>Yardley</i>	State	<i>PA</i>	ZIP	<i>19087</i>	Country	<i>US</i>

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PTO/SB/02A (3-97)

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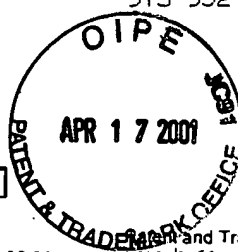
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Michael				HEALEY			
Inventor's Signature	<i>Michael Healey</i>					Date	2/8/01
Residence: City	Milltown	State	NT	Country	U.S.	Citizenship	U.S.
Post Office Address	191 South Moetz Drive						
Post Office Address							
City	Milltown	State	NT	ZIP	08850	Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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3

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number T2180-906495

First Named Inventor Mark BENSON

COMPLETE IF KNOWN

Application Number 09 / 645,928

Filing Date Aug. 25, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insurance Policy Renewal Method and System

the specification of which

(Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 08/25/2000

as United States Application Number or PCT International

Application Number 09/645,928 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/151,042	08/27/1999	

[Page 1 of 2]

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Please type a plus sign (+) inside this box → ☐

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

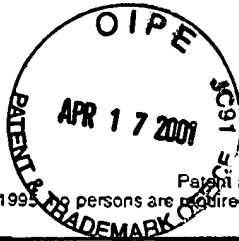
Name	John C. Kerins				
Address	Miles & Stockbridge P.C.				
Address	1751 Pinnacle Drive, Suite 500				
City	McLean	State	VA	ZIP	22102-3833
Country	U.S.	Telephone	703-903-9000	Fax	703-610-8686

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark H.		BENSON	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
	NI	U.S.	U.S.
Post Office Address			
Post Office Address			
City	State	Country	
	NI	U.S.	

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☒

PTO/SB/02A (3-97)

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DECLARATION**ADDITIONAL INVENTOR(S)**

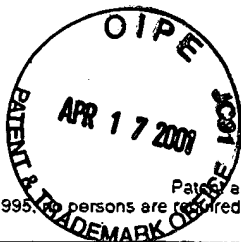
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				GOLDWATER			
Inventor's Signature	<input checked="" type="checkbox"/>					Date	<input checked="" type="checkbox"/>
Residence: City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	Country	US	Citizenship	US
Post Office Address	<input checked="" type="checkbox"/>						
Post Office Address							
City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	ZIP	<input checked="" type="checkbox"/>	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dean				WATTERS			
Inventor's Signature	<input checked="" type="checkbox"/>					Date	4/16/01
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Post Office Address							
City	Larchmont	State	NY	ZIP	10578	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
George				KOWALSKY			
Inventor's Signature	<input checked="" type="checkbox"/>					Date	<input checked="" type="checkbox"/>
Residence: City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	Country	US	Citizenship	US
Post Office Address	<input checked="" type="checkbox"/>						
Post Office Address							
City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	ZIP	<input checked="" type="checkbox"/>	Country	US

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		HEALEY	
Inventor's Signature	Date		
Residence: City	State	Country	U.S.
Post Office Address			
Post Office Address			
City	State	ZIP	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Post Office Address			
Post Office Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Post Office Address			
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